

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	REFINING OF SEGMENTAL BOUNDARIES IN SPEECH WAVEFORMS USING CONTEXTUAL-DEPENDENT MODELS
Attorney Docket Number::	M61.12-0631
Request for Non-Publication?::	No
Suggested Drawing Figure::	FIG. 3
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	P.R. China
Given Name::	Yong
Family Name::	Zhao
City of Residence::	Beijing
Country of Residence::	P.R. China
Street of Mailing address::	No. 403, Bldg. 2, Luozhuangxili Zhichun Road, Haidian District
City of Mailing address::	Beijing
Country of mailing address::	P.R. China
Postal or Zip Code::	100080
Applicant Authority Type::	Inventor
Primary Citizenship Country::	P.R. China
Given Name::	Min
Family Name::	Chu

City of Residence::	Beijing
Country of Residence::	P.R. China
Street of Mailing address::	%F, Beijing Sigma Center, No. 49, Zhichun Road, Haidian District
City of Mailing address::	Beijing
Country of mailing address::	P.R. China
Postal or Zip Code::	100080
Applicant Authority Type::	Inventor
Primary Citizenship Country::	P.R. China
Given Name::	Jian-lai
Family Name::	Zhou
City of Residence::	Beijing
Country of Residence::	P.R. China
Street of Mailing address::	#1503, 113 Bldg., Shaoyaojubeili, Chaoyang District
City of Mailing address::	Beijing
Country of mailing address::	P.R. China
Postal or Zip Code::	100029
Applicant Authority Type::	Inventor
Primary Citizenship Country::	P.R. China
Given Name::	Lijuan
Family Name::	Wang
City of Residence::	Beijing
Country of Residence::	P.R. China
Street of Mailing address::	Room 220, Bldg. 31, Tsinghua Univ.
City of Mailing address::	Beijing
Country of mailing address::	P.R. China
Postal or Zip Code::	100084

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Representative Information

Representative Customer Number::	27366
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name::	Microsoft Corporation
Street of mailing address::	One Microsoft Way
City of mailing address::	Redmond
State or Province of mailing address::	WA
Postal or Zip Code of mailing address::	98052